March 26, 2008

Erica Weber, Administrator
Hillcrest Manor, LLC
4660 Hatchery Road
Eagle, ID 83616

License #: RC-910

Dear Ms. Weber:

On January 24, 2008, an Initial Licensure survey was conducted at Hillcrest Manor, Llc. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level(s):

- Non-core issues, which are described on the Punch List, and for which you have submitted evidence of resolution.

This office is accepting your submitted evidence of resolution.

Should you have questions, please contact Karen McDannel, RN, Health Facility Surveyor, Residential Assisted Living Facility Program, at (208) 334-6626.

Sincerely,

KAREN MCDANNEL, RN
Team Leader
Health Facility Surveyor
Residential Assisted Living Facility Program

KM/sc

c: Jamie Simpson, MBA, QMRP Supervisor, Residential Assisted Living Facility Program

IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor
RICHARD M. ARMSTRONG – Director

LESLIE M. CLEMENT – Administrator
DIVISION OF MEDICAID
Post Office Box 83720
Boise, Idaho 83720-0036
PHONE: (208) 334-6626
FAX: (208) 364-1888

January 25, 2008

Melissa Wolfe, Administrator
Hillcrest Manor, LLC
4660 Hatchery Road
Eagle, ID 83616

Dear Ms. Wolfe:

On January 24, 2008, an Initial Licensure survey was conducted at Hillcrest Manor, LLC. The facility was found to be providing a safe environment and safe, effective care to residents.

The enclosed form, stating no core issue deficiencies were cited during the survey, is for your records only and need not be returned.

Please bear in mind that non-core issue deficiencies were identified on the punch list, a copy of which was reviewed and left with you during the exit conference. The completed punch list form and accompanying evidence of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by February 24, 2008.

Should you have any questions about our visit, please contact me at (208) 334-6626.

Sincerely,

JAMIE SIMPSON, MBA, QMRP
Supervisor
Residential Community Care Program

JS/sc

Enclosure

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R910	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/24/2008

NAME OF PROVIDER OR SUPPLIER **HILLCREST MANOR, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **3901 WEST HILLCREST DR** **BOISE, ID 83705**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	Initial Comments The residential care/assisted living facility was found to be in substantial compliance with the Rules for Residential Care or Assisted Living Facilities in Idaho. No core issue deficiencies were cited during the initial survey conducted at your facility. The surveyors conducting the standard survey were: Karen McDannel RN Team Coordinator Health Facility Surveyor Sydnie Braithwaite RN Health Facility Surveyor Diane Schafer RD Health Facility Surveyor	R 000		

Bureau of Facility Standards

TITLE (X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

IDAHO DEPARTMENT OF HEALTH & WELFARE

BUREAU OF FACILITY STANDARDS
P.O. Box 83720
Boise, ID 83720-0036
(208) 334-6626   fax: (208) 364-1888

ASSISTED LIVING
Non-Core Issues
Punch List

Facility Name	Physical Address	Phone Number
Hill Crest Manor	3736 Hill Crest Drive	890-7290
Administrator	**City**	**ZIP Code**
Mellissa Wolfe	Boise	83705
Survey Team Leader	**Survey Type**	**Survey Date**
Karen McDannel	Initial Survey	1/24/08

NON-CORE ISSUES

ITEM #	RULE # 16.03.22	DESCRIPTION	DATE RESOLVED	BFS USE
1	305.02	The facility RN did not ensure that Resident #1's medication orders were current and consistent with physician orders.	2/8/08 km	

Response Required Date	Signature of Facility Representative	Date Signed
2/24/08		

BFS-686 March 2006

9/04